

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09883703

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN			
		i i i i i i i i i i i i i i i i i i i	(Column 1)		(Column 2)		, ז	TYPE		OR	SMALL E	MALL ENTITY	
TOTAL CLAIMS			25					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25minus 20=		• 5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			3- minus 3 =		•			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in					r "0" in c	olumn 2	ŀ	TOTAL		OR	TOTAL	800	
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	15	Minus	** 0	25	=]	X\$ 9=		OR	X\$18=		
	Independent	2	Minus	2	<u> </u>	= (\)	4	X40=		OR	X80=		
	FIRST PRESEN	TATION OF M	OLTIPLE DEP	ENDEN	CLANVI		J	+135=		OR	+270=		
								TOTAL		OR	TOTAL		
			ADDIT. FEE			ADDIT. FEE							
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	' 1 1		ADDI-		<u> </u>	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 15	Minus	6	25	=		X\$ 9=		OR	X\$18=		
		· 2	Minus	*** (3_	=/	4	X40=		OR	X80=		
	FIRST PRESEN	HATION OF M	ULTIPLE DEP	ENDEN	II CLAIM		┛╽	+135=		OR	+270=		
	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Coli	ımn 2)	(Column 3				_			
	9 ST N	CLAIMS		HIG	HEST	,00,0,1,1110	ή,	- 1	ADDI-	1		ADDI-	
AMENDMENT		REMAINING AFTER AMENDMÊNT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	. 14	Minus		25	- /		X\$ 9=		OR	X\$18=	,	
	Independent	. 2	Minus	***	3			X40=			X80=		
	FIRST PRESEN	NTATION OF M	PENDEN	IT CLAIM	/ 🗆		740-		OR	7.00-	 		
						C	_	+135=		OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	her Previously I	aid For" (Total o	r Indepen	dent) is the	e highest numl	ber fo	und in the ap	propriate bo	x in co	olumn 1.		